

RESOURCE MANAGEMENT MENTORSHIP PROGRAM (RMMP)
MENTOR/ASSOCIATE SEMI-ANNUAL EVALUATION FORM

Name: _____ Grade/Series; Rank _____

Check one: _____ Mentor _____ Associate -- Command/Office _____

Partner's Name: _____

Partner's Command/Office: _____

Please complete the following items in relation to your monitoring partnership experience over the last six months. Please complete one form for each partnership. Your candor is appreciated.

1. What are the most important activities you accomplished with your Mentor or Associate?

2. What was the frequency of your meetings or contacts? _____

3. What was your primary means of communication? Telephone _____ In Person _____

Electronic/Computer/Fax _____ Other _____

4. Did you and your partner benefit from the partnership? Yes _____ No _____ Please explain: _____

5. Is this partnership currently on-going Yes _____ No _____ If no, why not, and when did the partnership terminate? _____

6. What changes would you like to make or have made in your mentoring partnership?

7. What changes, if any, would you recommend to the RMMP?

Answer the following questions using a 1-5 scale (1-strongly disagree to 5-strongly agree).

8. I gained a broader understanding and a greater insight of how the Army works and my role in it.

1 2 3 4 5

9. The Mentorship experience has better prepared me to contribute to the mission of my organization.

1 2 3 4 5

10. My expectations were met.

1 2 3 4 5

11. I would recommend participating in the RMMP to my colleagues.

1 2 3 4 5

12. I would participate in this program again as either a Mentor or an Associate.

1 2 3 4 5

13. Participation in the experience was worthwhile for me.

1 2 3 4 5

Comments: _____

Questions 14-15 to be answered by the Associate only.

14. Has your job status or performance changed since involvement in the Mentorship program?

Yes _____ No _____ Check all that apply:

Detail_____	New Assignment in Current Job_____	Transfer_____
Long Term Training_____	ACCES Scores_____	Promotion_____
Performance Rating_____	Developmental Assignment_____	Reassignment_____
Professional Education (PRMC/PMCS)_____	Other (explain)_____	

15. Do you believe your partnership in the Mentorship Program aided in your job change and/or in any other changes in your professional or personal life? Yes _____ No _____ Please explain:

To be completed by both Mentors and Associates:

16. Additional comments:

17. If any information submitted on your application has change regarding name, command, work, address, phone, etc., please note the change(s) here

GROW PEOPLE !

SKILLS IMPROVEMENT PLAN (SIP)

The Associate should draft a Skills Improvement Plan (SIP) prior to the first scheduled meeting with the Mentor. When preparing the SIP, the following sources may be helpful in determining strengths and skills needing strengthening.

- a. **MENTORING STYLE INDICATOR.** This assessment instrument enables Mentors and Associates to work together better through an understanding of the Mentor's preferred style for providing mentoring and the Associate's preferred style for receiving mentoring.
- b. **STYLE ANALYSIS.** This assessment instrument analyzes behavior styles, that is, a person's manner of doing things. Our ability to interact effectively in any given environment may determine the difference between our success or failure in the workplace. A clear, concise report is generated that relates behavior styles to job performance. Using the information, the Associate can develop an action plan to overcome shortcomings and build upon strengths.
- c. **INDIVIDUAL DEVELOPMENT PLAN (IDP).** The IDP, prepared jointly between the supervisor and Associate, is an excellent starting point for identifying skill areas that need to be strengthened. The Mentor may be able to recommend development activities that will assist the Associate in meeting performance goals. Maximum use should be made of the existing performance evaluation system in developing the SIP.
- d. **SUPERVISOR.** Assistance in completing the SIP should be solicited from the first-line supervisor. He/She has personal knowledge of the Associate's performance and can recommend areas that need strengthening or development. This interaction is critical to the success of the Mentorship Program. It allows the supervisor an opportunity to participate in the process and hence, become supportive of development activities.
- e. **OTHERS SELF-ASSESSMENT INSTRUMENTS.** It is not uncommon today to be exposed to a variety of self assessment instruments such as Myers-Briggs Type Indicator, Strength Deployment Inventory, Personal Profile System and Managing Personal Growth. Many training classes include the completion of instruments for assessing skills, communication styles, behaviors, personality types and leaning styles. All of the aforementioned provide information to assist the Associate and Mentor in the development of the SIP.

The SIP documents the skills and experience to be gained, the specific learning activities to be pursued and the approximate timeframe for completing the development activities. The SIP is drafted by the Associate prior to the first meeting with the Mentor. It is finalized with assistance of the Mentor's and the Associate's supervisor and maintained by the Associate. The SIP becomes a record of whether individual and mentoring program goals and objectives are being accomplished.

A critical factor in the development of the SIP is the amount of time the Associate will dedicate to developmental activities as opposed to the "regular" job. Developmental activities may be totally on duty time, totally on the Associate's own time or combination of the two. It is absolutely essential that the Associate gets approval from the supervisor for any activity that requires the use of duty time. Generally, the time spent in developmental activities is most often in addition to the regular job for both Mentor and Associate.

NAME: _____

DATE: _____

SKILL/COMPETENCY GOAL:

ACTION STEPS:	TARGET DATE	RESOURCES	STATUS/PROGRESS
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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

ASSOCIATE _____ DATE _____

MENTOR _____ DATE _____

SUPERVISOR _____ DATE _____

SELF ASSESSMENT

Please answer the following questions in as much detail as you feel necessary. **Your responses to these questions will not determine whether you are selected for the Mentor Program.** Rather they are intended to help your mentor decide how to best assist you during the program. Continue on sheets of bond paper if necessary (reference the item).

- a. What are your own personal career goals for the next three years? (You may want to consider job, education, promotions, locations, or any other goals related to your career)?

- b. How do you plan to achieve these goals?

- c. What do you feel are barriers to your achieving your goals (e.g., additional education or training)?

- d. What do you think a mentor could do to help you achieve your career goals?

- e. What do you consider your **work-related** strengths?

- f. What **work-related** points do you think are most in need of strengthening?

- g. What do you most like about your present job?

- h. What do you least like about your present job?

- i. What experience, training, or education do you have that is not being used in your present job?

- j. In the past three years, what have you done on your own time to better qualify yourself? (e.g., taken a college course, helped in a community activity that gave you some useful experience, or self-study through correspondence.)

- k. Imagine that you are another person meeting yourself for the first time. After talking with you for an hour, how do you think the other person would describe you?

- l. Use the space below to add anything you wish to your application for the Mentorship Program

Associate Career Goals and Development Plan

Although a written plan is not required, one may be prepared when the Mentor feels that a plan would be of benefit. Below is a model format which maybe be modified as appropriate to meet any local needs or Mentor desires.

ASSOCIATE CAREER GOALS AND DEVELOPMENT PLAN

Associate: _____ Date of Preparation _____

Mentor: _____

- I. Statement of goals by Associate (these may be stated as an intermediate or final target grade, position, career program entry, or other appropriate goals):

- II. Specific training, developmental assignments, and self-development activities suggested to accomplish goals:

Specific Objectives

(To take a specific training course, ask supervisor for added work tasks to broaden experience, attend college at night, etc.)

Planned Actions

(Submit training request through supervisor; discuss added responsibilities on job; enroll in college course, etc.)

Time Frame for Completion

(Month/year)
(Timeframe should be one which the mentor and associated have mutually agreed is reasonable.)

- III. Other: (e.g., planned activities such as independent study assignments from Mentor related to goals)
